

Phone: 408-730-7350

Fax to: 408-730-7754

Registration & Waiver Form for all Youth and Adult Classes

Walk in: Sunnyvale Community Center, 550 E.

Remington Dr.

Mail to: PO Box 3707,

Sunnyvale Ca, 94088-3707

Please **PRINT** the following information: Participant's Last Name _____ Address: _____ ______ State: _____ Zip: _____ City: Non-residents specify city _____ Home Phone () _____ Work Phone () _____ In case of emergency, name and phone number of local person to contact if there is no answer at the above number: Name Phone (Each adult participant must sign below. In addition, the signature of a parent or legal quardian is required for youth registrations. In consideration of participation in a class or activity offered by the Park and Recreation Department of the City of Sunnyvale, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns. I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents. Check the appropriate box(es) and sign: Participant (over 18) ق Parent ف Legal Guardian Signature/Date Print Name ش My check is attached. Make checks payable to: City of Sunnyvale NOTE: \$30 charge on all returned checks. Charge my: ف Mastercard ك VISA Name of card holder ______ Card No. Exp. date: ____ Sign up for classes on the following form*



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Pursuant to the Americans with Disabilities Act, the City of Sunnyvale will make reasonable effort to accommodate persons with disabilities. If you require special accommodations, please contact (408) 730-7350 at least five days in advance of the program or activity.

Participant's First Name	Birthday (if under 18)	Program Title	Class Number 1st Choice	Class Number 2nd Choice	Class Number 3rd Choice	Program Fee
Total Fee Please Be Award June 1, 2006. Yo	e of our Refund Po	olicy. One and two firmation and recei	pt through the ma	il.		
For office use only Receipt # Initial Initial						
	SURVEY (thank you for participating): Would your family be interested in CAMPS that include arts & crafts, activities, staying overnight (or several nights) in tent cabins and having cafeteria-style meals? arrayes in No How did you hear about our programs? arrayer in Website arrayer in Activity Guide in Referral arrayer Returning Customer arrayer Other					